Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6-18-10</u>	Address:	Driveway of 10402 S. SR15	
Case #:	<u>24F31630</u>		Silver Lake, In	
County:	<u>Kosciusko</u>			
Operation	aboratory Seizure (check one) onal Lab al/Glassware/Equipment (only) te (only)	Seizure Location (Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): open air				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium): open air				
Anhydrous Ammonia: open air				
Hydrochloric Acid Gas Generator(s): open air				
Corrosive Acid: open air				
Corrosive Base: open air				
Other (item and location):				
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip	
This report is to be faxed to the following agencies that serve the location:				
Health Dep	ment: <u>Silver Lake Fire</u> artment: <u>Kosciusko County</u> ction Service: <u>n/a</u>	Fax: (574)	Fax: (260) 352-2035 Fax: (574) 269-2023 Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wampler</u> Phone <u>574-546-4900</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.